

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

TEMP - 2nd Residence
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
MAY 06 2013
BAYFIELD COUNTY DEPT

Permit #: 13-0001
Date: 5-10-13
Amount Paid: \$50
Refund: 5-7-13
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FIND OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>James Peter McCarthy</u>	Mailing Address: <u>962 Co Rd W</u>	City/State/Zip: <u>Glenwood city, 54013</u>	Telephone: <u>715</u>
Address of Property: <u>54175 Co Hwy A</u>	City/State/Zip: <u>Barnes, WI 54873</u>	Plumber: <u>Nor-Pines Plumbing</u>	Cell Phone: <u>265-4515</u>
Contractor: <u>SEH</u>	Contractor Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>	Plumber Phone: <u>715-739-6767</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u></u>	Agent Phone: <u></u>	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION <u>SE 1/4, SE 1/4</u>	Legal Description: (Use Tax Statement) <u>04-004-2-45-09-24-4 64-000-20000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>856</u> Page(s) <u>814</u>	
<u>SE 1/4, SE 1/4</u>	Gov't Lot	Lot(s)	CSM
			Vol & Page
			Lot(s) No.
			Block(s) No.
			Subdivision:
			Lot Size
			Acreage <u>2.98</u>

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property <input checked="" type="checkbox"/> Existing	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conv</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>40'</u>	Width: <u>8'</u>	Height: <u>13'</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X)	
<input type="checkbox"/> with Loft		(X)	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(X) (X) (X) (X) (X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(X) (X) (X) (X) (X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input checked="" type="checkbox"/> Other: (explain) <u>Temp and Residence</u>	(X) (X) (40 x 8)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James Peter McCarthy Date: 5/1/2013
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit SAME as above
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
SAUMNEY INFO NEEDED.

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): (*) **Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures on your Property**
(5) Show: (*) **Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): (*) **Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): (*) **Wetlands; or (*) Slopes over 20%**

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	27' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	58' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	115' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	30' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	275' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	10' Feet	Setback to Well	10' Feet
Setback to Drain Field	30' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce To Enforce The Uniform Dwelling Code.

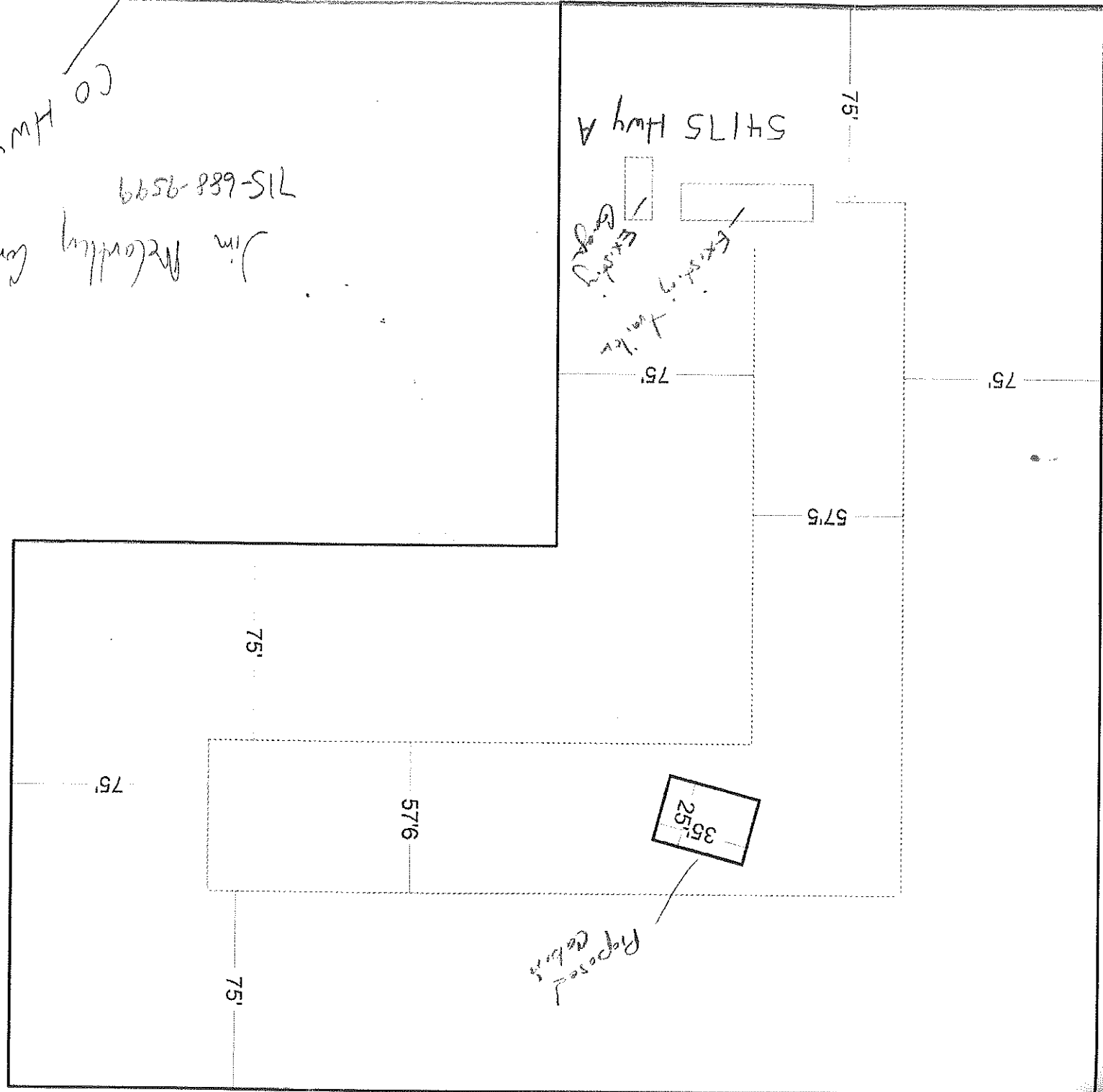
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>404333</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>6/26/03</u>			
Permit Denied (Date):	Reason for Denial:						
Permit #: <u>13-00017</u>	Permit Date: <u>5-10-13</u>						
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Inspection Record:							
Structure is existing							
Date of inspection:	<u>5-7-13</u>	Inspected by:	<u>M. Fuchale</u>				
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)							
Signature of Inspector: <u>Michael Fuchale</u>		Zoning District: <u>(F-1)</u> Lakes Classification: <u>(N/A)</u>					
Held For Sanitary: <input type="checkbox"/> <u>properly disposed of</u>	Held For TBA: <input type="checkbox"/>	Held For Affidavit: <input type="checkbox"/>	Held For Fees: <input type="checkbox"/>		Date of Approval: <u>5-8-13</u>		

Jim McCallum Construction LLC

CO Hwy A

715-688-9599



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 375-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
APR 24 2013
Bayfield Co. Zoning Dept.

PERMIT # 13-0058
Date: 5-1-13
Amount Paid: \$604.84-13
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Paul Solberg Mailing Address: 215 Monroe St W City/State/Zip: Stillwater MN 55082 Telephone: 612-865-5199

Address of Property: 6810 Taps Road NW City/State/Zip: Maple MN 55313 Contractor Phone: Plumber: Written Authorization Attached: ☒ Yes ☐ No

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Self Solberg Agent Phone: 612-865-0775 Agent Mailing Address (include City/State/Zip): 49675 Elm St NW Maple MN 55313

PROJECT LOCATION: SE 1/4, SE 1/4 Gov't Lot: 3 Lot(s): 371 CSM: 1.38286 Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) Volume: 832 Page(s): 733

Section: S01, Township: T44N, Range: R09W W Town of: Maple Lot Size: 983 Acreage: 4.536

☒ Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue --> Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? ☐ Yes ☒ No

☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue --> Distance Structure is from Shoreline: 640 feet ☒ No ☐ Yes

☐ Non-Shoreland

Value at Time of Completion * include donated time & material: \$10,000

Project (What are you applying for): New Construction # of Stories and/or basement: 1-Story Use: Seasonal # of bedrooms: 1 What Type of Sewer/Sanitary System Is on the property? Municipal/City

☐ Addition/Alteration ☒ 1-Story + Loft ☐ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: Compt ☐ City ☐ Well

☐ Conversion ☐ 2-Story ☐ 3 ☐ Sanitary (Exists) Specify Type: Septic ☐

☐ Relocate (existing bldg) ☐ Basement ☐ 3 ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)

☐ Run a Business on Property ☐ No Basement ☒ None ☐ Portable (w/service contract) ☐ Compost Toilet ☐ Foundation ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: 40' Width: 30' Height: 20'

Proposed Construction: Length: 40' Width: 30' Height: 20'

Proposed Use: ☒ Principal Structure (first structure on property) Dimensions: () Square Footage: ()

☐ Residence (i.e. cabin, hunting shack, etc.) () () ()

☐ with Loft () () ()

☐ with a Porch with (2nd) Porch () () ()

☐ with a Deck () () ()

☐ with (2nd) Deck () () ()

☐ with Attached Garage () () ()

☐ Bunkhouse w/ () sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities () () ()

☐ Mobile Home (manufactured date) () () ()

☐ Addition/Alteration (specify) W/te Porch () () ()

☐ Accessory Building (specify) W/te Porch () () ()

☐ Accessory Building Addition/Alteration (specify) W/te Porch () () ()

Rec'd for Issuance: MAY 01 2013 Special Use: (explain) () () ()

Conditional Use: (explain) () () ()

Other: (explain) () () ()

Secretariat Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

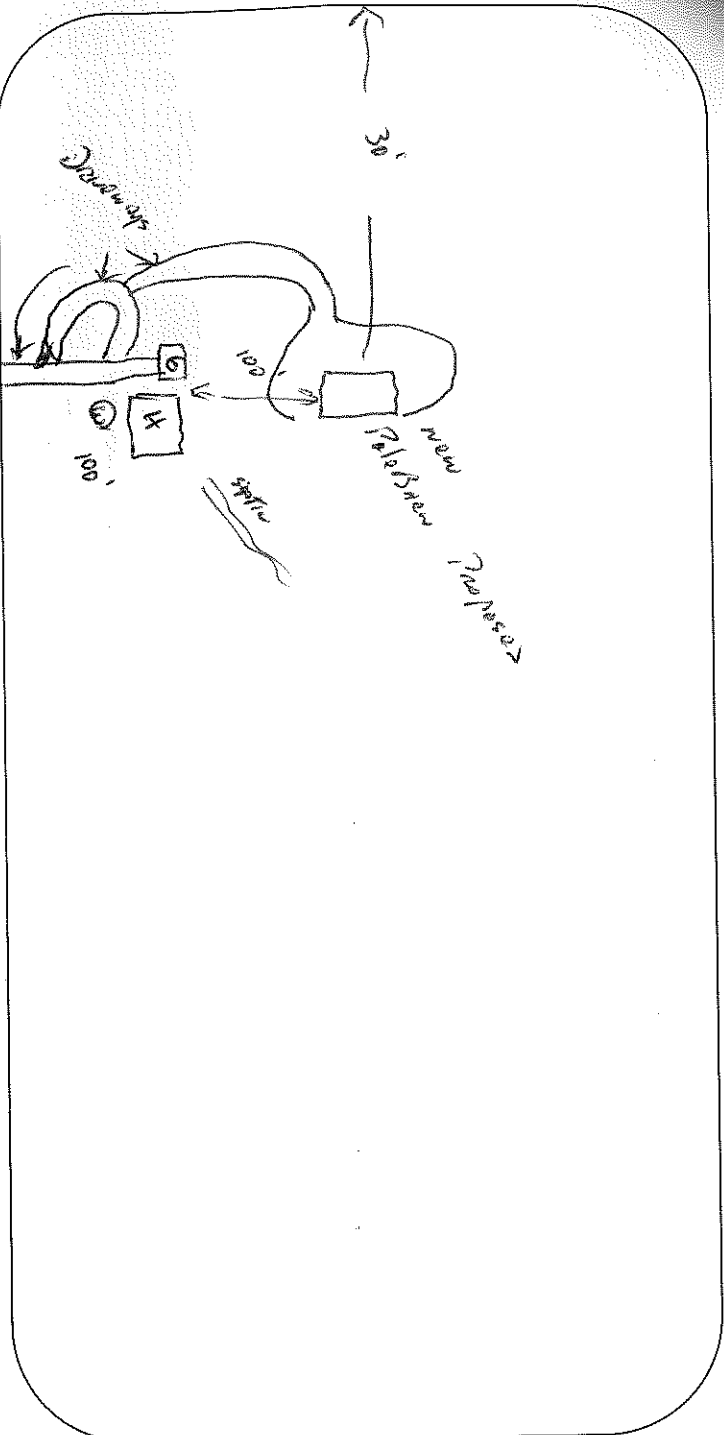
Owner(s): Date: 4-21-13
(If there are Multiple Owners listed on one Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date: 4-21-13
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 49675 Elm St NW Maple MN 55313 Attach:

Draw or sketch your property (regardless of what you are applying for)

- Proposed Construction
- (1) Show location of:
North (N) on Plot Plan
- (2) Show / Indicate:
(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show location of (*):
All Existing Structures on your Property
- (4) Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show:
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*):
(*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100' Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	90' Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	300' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	25' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	30' Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	500' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	100' Feet	Setback to Well	140' Feet
Setback to Drain Field	100' Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:						
Permit Denied (Date):		Reason for Denial:									
Permit #: 13-00576		Permit Date: 5-1-13									
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:			
Granted by Variance (B.O.A.)		Case #:		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Zoning District (F-1)				Date of Re-Inspection:			
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Inspected by: M. Finkbe				Date of Approval: 4-30-13			
Inspection Record:		Well stated. Meet all setbacks.		in structure				Signature of Inspector: Michael Finkbe		Date of Approval: 4-30-13	
Conditions: Town, Committee or Board Conditions Attached? Yes		No - (If No they need to be attached)		May not be used for human habitation				Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	
Signature of Inspector:		Michael Finkbe		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		Date of Approval: 4-30-13			

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



\$125

Permit #:	13-0006
Date:	5-8-13
Amount Paid:	\$125
Refund:	4-16-13

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>BENJAMIN DEAN BOLES</u>	Mailing Address: <u>1044 GRANDVIEWLY WOODBURY, MN 55129</u>	Telephone: <u>612-201-4492</u>
Address of Property: <u>XXX Lyndale Bay Rd</u>		City/State/Zip: <u>Washburn, WI 54873</u>
Contractor: <u>SELF</u>	Contractor Phone: <u></u>	Plumber: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u></u>
Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>NW 1/4, NW 1/4</u>	Legal Description: (Use Tax Statement) <u>04-004-2-44-09-12-2 02-000-40000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1095</u> Page(s) <u>443</u>
<u>NW 1/4, NW 1/4</u>	Gov't Lot <u></u> Lot(s) <u></u> CSM <u></u> Vol & Page <u></u> Lot(s) No. <u></u> Block(s) No. <u></u>	Subdivision: <u></u>
Section <u>12</u> , Township <u>44 N</u> , Range <u>09</u> W	Town of: <u>BARNES</u>	
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>NO</u>	Distance Structure is from Shoreline: <u></u> feet
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> If Yes--continue <u>NO</u>	Distance Structure is from Shoreline: <u></u> feet
<input type="checkbox"/> If Yes--continue <u>NO</u>	<input type="checkbox"/> Distance Structure is from Shoreline: <u></u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$6000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <u></u>	
		<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Private (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
				<input type="checkbox"/> Portable (w/service contract)		
				<input checked="" type="checkbox"/> Compost Toilet		
				<input checked="" type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>12</u>	Width: <u>18</u>	Height: <u>16</u>
Proposed Construction:	Length: <u>12</u>	Width: <u>18</u>	Height: <u>16</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<u>12 x 18</u>	<u>216</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<u></u>	<u></u>
	<u>with Loft</u>	<u></u>	<u></u>
	<u>with a Porch</u>	<u>12 x 8</u>	<u>96</u>
	<u>with (2") Porch</u>	<u></u>	<u></u>
	<u>with a Deck</u>	<u></u>	<u></u>
	<u>with (2") Deck</u>	<u></u>	<u></u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	<u></u>	<u></u>
	<input type="checkbox"/> Mobile Home (manufactured date) <u></u>	<u></u>	<u></u>
	<input type="checkbox"/> Addition/Alteration (specify) <u></u>	<u></u>	<u></u>
	<input type="checkbox"/> Accessory Building (specify) <u></u>	<u></u>	<u></u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u>	<u></u>	<u></u>
<input type="checkbox"/> Special Use: (explain) <u></u>	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Conditional Use: (explain) <u></u>	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Other: (explain) <u></u>	<u></u>	<u></u>	<u></u>

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at all reasonable times for the purpose of inspection.

Owner(s): [Signature] Date 11 Apr 2013

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Signature] Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

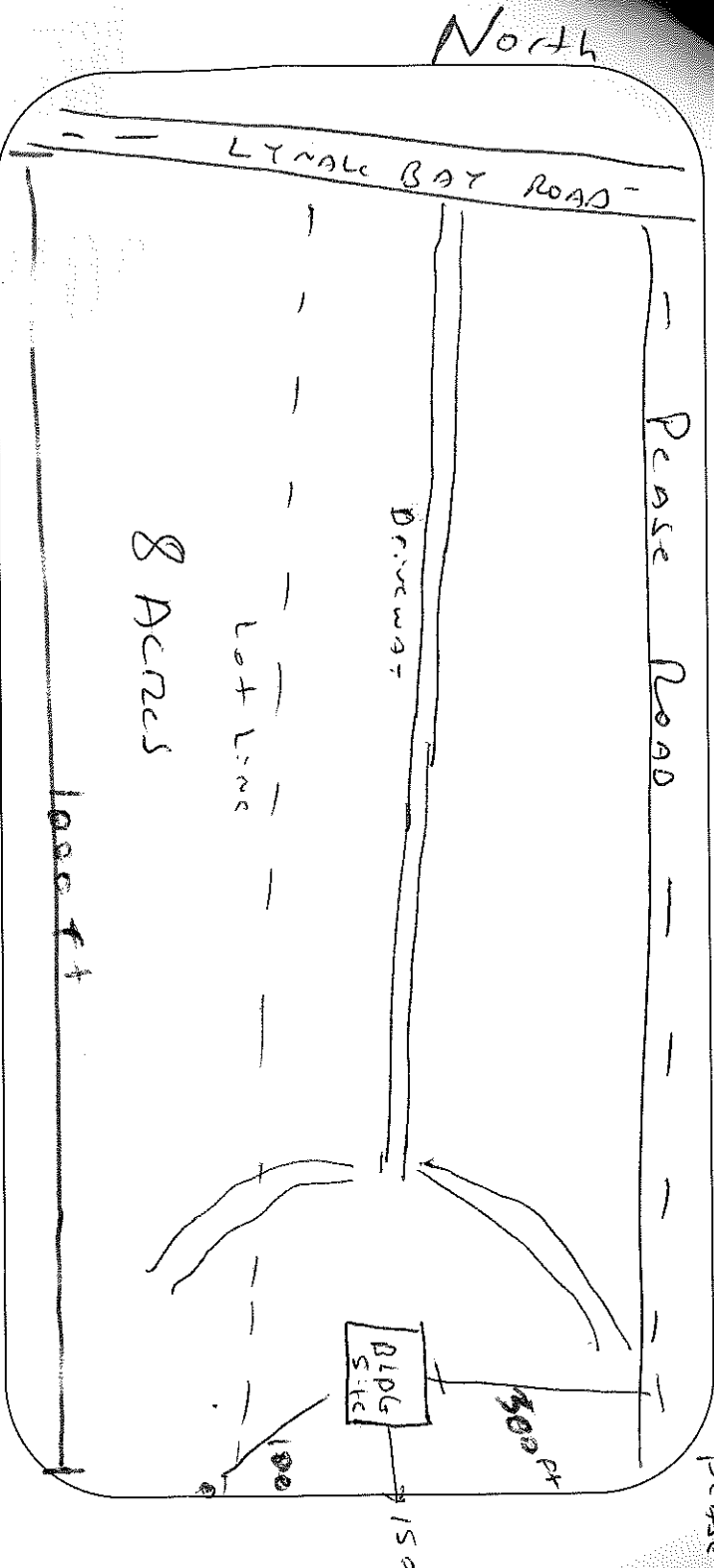
Address to send permit Same as above Attach ☒

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

Draw or sketch your Property (regardless of what you are applying for)

- (1) Show location of: Proposed Construction
(2) Show / indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 Feet	Setback from the Lake (ordinary high-water mark)	0 Feet
Setback from the Established Right-of-Way	300 Feet	Setback from the River, Stream, Creek	0 Feet
Setback from the North Lot Line	900 Feet	Setback from the Bank or Bluff	0 Feet
Setback from the South Lot Line	150 Feet	Setback from Wetland	0 Feet
Setback from the West Lot Line	150 + Feet	Setback from 20% Slope Area	0 Feet
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	0 Feet
Setback to Septic Tank or Holding Tank	0 Feet	Setback to Well	0 Feet
Setback to Drain Field	0 Feet		
Setback to Privy (Portable, Composting)	0 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 13-00165		Permit Date: 5-8-13			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Affidavit Required	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Affidavit Attached	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Mitigation Required	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Mitigation Attached	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District (R-2)			
Well status: Meets all setbacks		Lakes Classification (NA)			
Date of Inspection: 3-7-11		Inspected by: M. Finkbe		Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
All water under pressure in structure.					
Signature of Inspector:		Date of Approval: 5-8-12			
Michael Finkbe					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	